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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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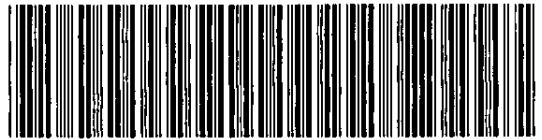
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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OCT 08 2015  
J SHIVERS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ProAssurance American Mutual, A Risk Retention Group

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kathryn A. Neville

Name of Person

ProAssurance American Mutual, A Risk Retention Group

Firm/Company

100 Brookwood Place

Address

Birmingham, AL 35209

City/State and Zip code

kneville@proassurance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathryn A. Neville

205

877-4422

at ( )

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. ProAssurance American Mutual, A Risk Retention Group  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- ProAssurance American Mutual, Inc., A Risk Retention Group  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. District of Columbia 3. 47-2511641  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/01/2015 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)
6. Not Applicable.  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1401 Eye Street, N.W., Suite 600, Washington, D.C. 20005  
(Principal office address)
- PO Box 590009, Birmingham, AL 35259  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Travis Miller

Office Address: 301 S. Bronough Street, Suite 200

Tallahassee, Florida 32301  
(City) (Zip code)

**9. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

15 OCT -7 PM 12:39  
DEPT OF STATE  
CORPORATION DIVISION

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Howard H. Friedman  
Address: 100 Brookwood Place  
Birmingham, AL 35209

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: Hayes V. Whiteside, M.D.  
Address: 100 Brookwood Place  
Birmingham, AL 35209

Director: Edward L. Rand, Jr.  
Address: 100 Brookwood Place  
Birmingham, AL 35209

**B. OFFICERS**

President: Howard H. Friedman  
Address: 100 Brookwood Place  
Birmingham, AL 35209

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: Kathryn A. Neville  
Address: 100 Brookwood Place, Birmingham, AL 35209

Treasurer: Edward L. Rand, Jr.  
Address: 100 Brookwood Place, Birmingham, AL 35209

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.   
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Kathryn A. Neville, Secretary  
(Typed or printed name and capacity of person signing application)



**Government of the District of Columbia**  
**Department of Insurance, Securities and Banking**

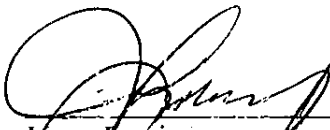


Stephen C. Taylor  
Acting Commissioner

**CERTIFICATION OF CERTIFICATE OF COMPLIANCE**

I HEREBY CERTIFY THAT **PROASSURANCE AMERICAN MUTUAL, A RISK RETENTION GROUP**, IS CURRENTLY LICENSED BY THE DISTRICT OF COLUMBIA DEPARTMENT OF INSURANCE, SECURITIES AND BANKING, AND IS CURRENTLY IN GOOD STANDING AND IN COMPLIANCE WITH ALL OF THE APPLICABLE LAWS AND REGULATIONS IN THE DISTRICT OF COLUMBIA AS OF THE DATE SET FORTH BELOW.

HEREUNTO SET MY HAND AND  
THE OFFICIAL SEAL OF THIS  
DEPARTMENT FOR THE COMMISSIONER  
OF INSURANCE THIS 23rd  
DAY OF JULY 2015.

  
\_\_\_\_\_  
Joyce Lewis  
Licensing Specialist  
Risk Finance Bureau

15 OCT - 7 PM 12:39  
011 0000  
DISTRICT OF COLUMBIA